OBJECTIVES: To make recommendations for modifications and additions to the current Behavioral Risk Factor Surveillance System (BRFSS) for those with heart disease and stroke. The BRFSS is an ongoing survey whose purpose is public health surveillance of behavioral risk factors with some emphasis on HRQoL. The BRFSS is sponsored by the CDC and is administered independently at the state level on a national basis.

Specific Tasks: 1 - Conduct qualitative cognitive interviews (using 'think-aloud' protocol) to better understand how persons with heart disease or stroke respond to the BRFSS HRQoL -14 item questionnaire. 2- Use existing data from the 1999 and 2000 BRFSS to evaluate the validity of the BRFSS HRQoL-4 item core assessment and 10-item module among persons with cardiovascular disease (CVD) or stroke (who were administered the optional "Quality of Life and Caregiving/Cardiovascular Disease" modules). 3- Administer a telephone survey to ambulatory clinic patients with heart disease (patients diagnosed with angina, MI and/or CHF) and stroke, containing HRQoL items to validate the BRFSS 4 core items and 10 modular items against well established generic and disease specific HRQoL instruments (i.e. MOS SF-36, and disease-focused measures). 4- Add to the ongoing BRFSS survey in Massachusetts additional items to the HRQoL -14 item questionnaire to test these items for their reliability and discriminant validity in a community based population. 5- Make final recommendations to the CDC for modifications and additions to the current national BRFSS on the basis of these prior studies for those with heart disease and stroke.

METHODOLOGY: The subjects for the qualitative studies ("think aloud" protocols and focused groups) and the Boston Medical Center (BMC) telephone surveys of patients with a prior diagnosis of heart disease or stroke are recruited from the cardiology and neurology clinics at the BMC. Inclusion criteria are: 1- patients with a previous history of stroke. MI or angina over the prior 12 months are eligible for the study; 2- patients will have been seen for one follow-up visit following hospitalization in the ambulatory clinic; 3- patients will be included if they are ambulatory and able to complete a questionnaire over the telephone or self-administered during the think-aloud protocol as determined by their physician. Exclusion criteria are: 1- patients are unable to complete a questionnaire because of the nature and severity of the disease; 2- patients will also be excluded if they are involved in other study protocols.

Plans are to complete at least 1 "think-aloud" interviews and focus groups for patients diagnosed with stroke and heart disease. In addition, we will conduct 100 completed phone surveys for stroke patients and separately 100 phone surveys for patients with heart disease. In order to accomplish these goals, we will identify 400 patients with each of these conditions with valid addresses and telephone numbers provided by the BMC clinics who meet the study criteria. This is to account for those who may refuse to participate or are deemed ineligible.

Results and Conclusions: None at this time as study is currently in progress with data collection underway.

Impact Statement: This project will provide brief HRQoL assessments for those with stroke and heart disease to supplement the CDC BRFSS in order to better understand community needs so that future resources can be planned nationally and at the community level.